

<i>SERFF Tracking Number:</i>	<i>GBAC-125743012</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Degree of Honor Protective Association</i>	<i>State Tracking Number:</i>	<i>39721</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>App for Guaranteed Issue Life</i>		
<i>Project Name/Number:</i>	<i>Revised APP GI-08/</i>		

Filing at a Glance

Company: Degree of Honor Protective Association

Product Name: App for Guaranteed Issue Life SERFF Tr Num: GBAC-125743012 State: ArkansasLH

TOI: L07I Individual Life - Whole SERFF Status: Closed State Tr Num: 39721

Sub-TOI: L07I.101 Fixed/Indeterminate Co Tr Num: State Status: Approved-Closed

Premium - Single Life

Filing Type: Form Co Status: Reviewer(s): Linda Bird

Author: Mary Gardner Disposition Date: 07/25/2008

Date Submitted: 07/23/2008 Disposition Status: Approved

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Revised APP GI-08

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: Resubmission

Group Market Size:

Group Market Type:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Previous Filing Number: GBAC-125676028

Overall Rate Impact:

Filing Status Changed: 07/25/2008

State Status Changed: 07/25/2008

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

Re: DEGREE OF HONOR PROTECTIVE ASSOCIATION - NAIC #57088 - FEIN #41-0216310

APP GI-08 rev. Application for Guaranteed Issue Life Insurance

On behalf of Degree of Honor Protective Association, a fraternal benefit society incorporated under laws of the State of Minnesota, we are submitting the above-referenced individual life application for approval.

SERFF Tracking Number: GBAC-125743012 State: Arkansas
Filing Company: Degree of Honor Protective Association State Tracking Number: 39721
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: App for Guaranteed Issue Life
Project Name/Number: Revised APP GI-08/

Application APP GI-08 was originally submitted under SERFF Tr Number GBAC-125676028 and was approved on 06/06/08 and is to be used with whole life form GI-08 also approved on 06/06/08.

Revised application APP GI-08 rev. has been modified by making two changes to page 2 CONDITIONAL RECEIPT. The verbiage of A.3. has been changed and we have inserted a new B.2. sentence moving the original sentence 2. as item 3. No other changes have been made to the application.

The new filed form does not contain any provisions which have been previously disapproved by the department.

The plan will be marketed by the Association's licensed agents, with no changes from current marketing practices.

The Flesch score for the application submitted is certified as 42.7.

Mary Gardner
Compliance Coordinator

Company and Contact

Filing Contact Information

(This filing was made by a third party - griffithballardandco)

Mary Gardner, mgardner@lifebase.com
100 First Avenue N.E. (319) 896-5970 [Phone]
Cedar Rapids, IA 52401 (319) 896-5979[FAX]

Filing Company Information

Degree of Honor Protective Association	CoCode: 57088	State of Domicile: Minnesota
400 Robert Street N	Group Code:	Company Type: Fraternal
Suite 1600		
St. Paul, MN 55101-2029	Group Name:	State ID Number:
(651) 228-7600 ext. [Phone]	FEIN Number: 41-0216310	

SERFF Tracking Number: GBAC-125743012 *State:* Arkansas
Filing Company: Degree of Honor Protective Association *State Tracking Number:* 39721
Company Tracking Number:
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: App for Guaranteed Issue Life
Project Name/Number: Revised APP GI-08/

Filing Fees

Fee Required? Yes
Fee Amount: \$75.00
Retaliatory? Yes
Fee Explanation: 1 form @ \$75.00/form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Degree of Honor Protective Association	\$75.00	07/23/2008	21562192

<i>SERFF Tracking Number:</i>	<i>GBAC-125743012</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>App for Guaranteed Issue Life</i>		
<i>Project Name/Number:</i>	<i>Revised APP GI-08/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	07/25/2008	07/25/2008

<i>SERFF Tracking Number:</i>	<i>GBAC-125743012</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>App for Guaranteed Issue Life</i>		
<i>Project Name/Number:</i>	<i>Revised APP GI-08/</i>		

Disposition

Disposition Date: 07/25/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>GBAC-125743012</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Degree of Honor Protective Association</i>	<i>State Tracking Number:</i>	<i>39721</i>
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<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
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<i>Project Name/Number:</i>	<i>Revised APP GI-08/</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Filing Authorization		Yes
Form	Application for Guaranteed Issue Life Insurance		Yes

SERFF Tracking Number:	GBAC-125743012	State:	Arkansas
Filing Company:	Degree of Honor Protective Association	State Tracking Number:	39721
Company Tracking Number:			
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.101 Fixed/Indeterminate Premium - Single Life
Product Name:	App for Guaranteed Issue Life		
Project Name/Number:	Revised APP GI-08/		

Form Schedule

Lead Form Number: APP GI-08 rev.

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	APP GI-08 rev.	Application/ Enrollment Form	Application for Guaranteed Issue Life Insurance	Revised	Replaced Form #: APP GI-08 Previous Filing #: State 39218; SERFF GBAC-125676028	43	App GI-08 rev. John Doe.pdf



Degree of Honor Protective Association

A Fraternal Benefit Society

Application for Guaranteed Issue Life Insurance

NOT JUST AN ORDINARY INSURANCE COMPANY...

Since 1886, Degree of Honor Protective Association has helped families with their financial protection needs through its life insurance and annuity products.

Degree of Honor Protective Association offers over a century of experience and customer service with a strong financial position. Our investment portfolio is conservatively managed with an emphasis on investments in bonds.

As an insured member of our fraternal benefit society, you immediately become eligible for non-contractual fraternal benefits. These benefits help you and your family in meeting your financial needs.

As a fraternal insurance society, Degree of Honor Protective Association upholds standards that strengthen families and communities. We offer organized support that makes it easy for families to experience the benefits of helping others. Call it fraternalism, outreach, volunteering, or simply lending a hand; when we join hands to help others we all benefit. We offer a variety of ways for you to give back to your community.

**400 Robert Street North, Suite 1600
Saint Paul, Minnesota 55101
Telephone: 651.228.7600, 800.947.5812
degreeofhonor.org**

LODGE/SERVICE CLUB MEMBERSHIP APPLICATION Must be signed. Not applicable for Proposed Insureds age 17 or less.

Is the Proposed Insured now a member of the Association? ☒ Yes ☐ No If "yes", Lodge/Service Club # 123 State MA.
If "no", complete Membership Application: I hereby apply for membership in the Association and its local Lodge/Service Club # _____ in the State of _____. I understand that unless I select a specific Lodge/Service Club, the Association shall select the Lodge/Service Club to which I will be assigned membership. I agree, if accepted, to abide by the Articles of Incorporation and Bylaws of the Association and Bylaws of said Lodge/Service Club, all as the same now exist or are hereafter amended. I hereby affirm my belief in: Christian beliefs and values and demonstration of high moral character. The support and protection of family members and their dependents through fraternal insurance products. Promotion of the family unit and the seeking of ways to strengthen it. Assistance to members, their dependents, and others in times of adversity. The desire to help others in need through community service and the principle of volunteerism. Maintenance of a representative form of government by providing members with the opportunity to become involved in structured events, club meetings, and programs. Respect for and allegiance to the United States of America and its flag by promoting patriotism. Adherence to the Golden Rule: "Do unto others as you would have them do unto you."

Signature of Proposed Member John Doe Date 7/25/08

CONFIDENTIAL AGENT REPORT Did you personally see the Proposed Insured and ask each question? ☒ Yes ☐ No

To the best of my knowledge and belief:

- I have asked all questions and recorded all answers as they were given to me by the Proposed Insured or parent or guardian.
- I know nothing about the Proposed Insured's health, habits, avocations, or lifestyle affecting insurability which has not been stated in this application.
- The insurance applied for on this application ☐ is ☒ is not intended to replace or change any life insurance or annuity with this or any other organization except as indicated. Replacement Information section must be completed.
- I have explained the anti-money laundering/terrorist financing information collecting requirements to the Owner and Proposed Insured.
- I have ☒ seen ☐ not seen the Owner's photo id and verified such identity.

I have ☒ seen ☐ not seen the Proposed Insured's photo id and verified such identity.

Signature of Agent John Smith Date 7/25/2008 Agent # 123456789

Agent telephone 800-800-7777 Agent E-mail Address jsmith@myhome.net

-----✂-----✂-----✂-----✂-----
CONDITIONAL RECEIPT To remain with Owner only if premium is received

- A. WHEN INSURANCE IS EFFECTIVE. It is mutually agreed that the insurance applied for shall take effect as of the date of the application only if:
1. the Proposed Insured is eligible as of the Policy Date for the plan and amount of insurance applied for; and
 2. the insured has completed a membership application; and
 3. the required first full premium is paid by check, money order or cashiers check made payable only to Degree of Honor Protective Association.
- B. WHEN RECEIPT IS VOID. This receipt shall be void and no insurance shall be in force hereunder if:
1. any of the required conditions in A above are not fulfilled;
 2. if death occurs as a result of suicide or attempted suicide; or
 3. a check in payment of premium is not honored on first presentation.

NO AGENT OR REPRESENTATIVE OF THE ASSOCIATION IS AUTHORIZED TO WAIVE ANY OF THE FOREGOING CONDITIONS

Received from John Doe the sum of \$ 4,500 dated 7/25/2008

as premium for application relating to John Doe

Subject to the foregoing terms and conditions. Proposed Insured

Authorized Agent Signature John Smith

Mail policy to: ☒ Agent ☐ Insured ☐ Owner if other than Insured.

For Proposed Insured and Owner. Identification Verification. The identification must be an unexpired government-issued identification card or document that includes a **photograph** and one or more of the following: driver's license, taxpayer identification number, passport number and country of issuance, alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence.

PROPOSED INSURED Please print.

Doe John D. Telephone H(666) 666-6666
Last Name First Name Middle Initial W(777) 777-7777
123 Main Street Anytown MN 55555
Street Address - RFD - Box Number City State and Zip Code
7/10/53 Male Married jdoe@myhome.com 111-22-3333
Date of Birth Male/Female Marital Status E-Mail Address Social Security #
Type of ID(s) Drivers license ID#(s) 111-22-3333

OWNER if other than Insured. Must be completed for Proposed Insureds under the age of 18.

Telephone H()
W()
Last Name First Name Middle Initial
Street Address - RFD - Box Number City State and Zip Code
Relationship to Insured Date of Birth Marital Status E-mail Address Social Security #
Type of ID(s) ID#(s)

BENEFICIARY INFORMATION Must comply with Fraternal Code. Use a separate piece of paper for more space.

Primary Beneficiary % Relationship to Insured Home Telephone # Date of Birth SSN
Jane Doe 100% Wife 666-666-6666 1/5/54 444-55-6666

Contingent Beneficiary % Relationship to Insured Home Telephone # Date of Birth SSN

PLAN AND PREMIUM INFORMATION

Plan of Insurance: ☐ Single Premium Whole Life - Guaranteed Issue

Face Amount: ☐ \$ 5,000 Payment with Application: ☐ \$ 4,500

Dividend Option:

☒ Paid-up Additions ☐ Paid in Cash ☐ Accumulate at Interest

REPLACEMENT INFORMATION

Is the policy applied for intended to replace, change or borrow on any existing life insurance or annuity in this or any other company? ☐ Yes ☒ No If "yes", complete section below, and attach any required Replacement Forms and Transfer Forms.
Name, address, telephone # of existing company _____

STATEMENT OF HEALTH (To be completed by the Proposed Insured.)

Wisconsin Insurance Code states that AIDS or ARC must be diagnosed by a member of the medical profession. The reporting of AIDS/HIV test results is limited only to those tests which were conducted through the use of an FDA-licensed test. AIDS/HIV tests or the results of AIDS/HIV tests conducted at an anonymous counseling and testing facility or by an anonymous home test kit need not be revealed.

Are you currently on oxygen, hospitalized or confined to a nursing home or long term care facility; or during the past two years have you been advised by a medical professional to have any surgical procedure that has not been performed or have you been treated or are you being treated by a medical professional for any of the following diseases or disorders:

Congestive Heart Failure
Heart Disease
Stroke
Cancer (other than skin)
Immune System Disorder

Cirrhosis of the Liver
Drug or Alcohol Dependency
Kidney failure (including dialysis)
Emphysema
Chronic Obstructive Pulmonary (lung) Disease

Alzheimer's/Dementia
Diabetic Coma/Insulin Shock
Amputation (caused by disease)

☐ Yes ☒ No

ACKNOWLEDGEMENT

I understand and agree that:

1. I have read the previous statements and answers and to the best of my knowledge they are true and complete.
2. This application shall become part of the insurance contract together with our Articles of Incorporation and Bylaws, as amended from time to time.
3. No change in this application shall be made without my written consent.
4. No agent of Degree of Honor Protective Association is authorized to make or alter any contract or waive any Degree Honor Protective Association rights or requirements.

Signed at Angtown, MN this 25th day of July 2008
John Doe
City, State
Signature of Proposed Insured

Signature of Owner or Parent or Guardian for Proposed Insured under the age of 18

ARKANSAS Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO Fraud Warning: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

OHIO Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to civil and criminal penalties.

OKLAHOMA Fraud Warning: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.

TENNESSEE AND WASHINGTON Fraud Warning: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

WEST VIRGINIA Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

<i>SERFF Tracking Number:</i>	<i>GBAC-125743012</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Degree of Honor Protective Association</i>	<i>State Tracking Number:</i>	<i>39721</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>App for Guaranteed Issue Life</i>		
<i>Project Name/Number:</i>	<i>Revised APP GI-08/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: GBAC-125743012 State: Arkansas
Filing Company: Degree of Honor Protective Association State Tracking Number: 39721
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: App for Guaranteed Issue Life
Project Name/Number: Revised APP GI-08/

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

07/22/2008

Comments:

Attachments:

AR Limitations and Exclus.pdf
AR Cert Comp 19 rev App.pdf
AR Flesch rev App.pdf

Review Status:

Satisfied -Name: Filing Authorization

07/22/2008

Comments:

Attachment:

Authorization rev App.pdf

**LIMITATIONS AND EXCLUSIONS
UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division 1023 West Capitol Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas
72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 -- no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values -- again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

STATE OF ARKANSAS

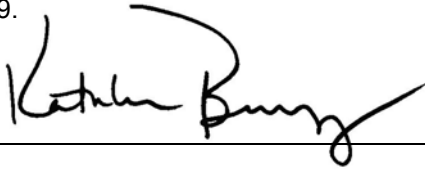
1200 West Third Street
Little Rock, AR 72201

Certification of Compliance Rule and Regulation 19

Carrier: **DEGREE OF HONOR PROTECTIVE ASSOCIATION**

Form Number and Title: **APP GI-08 rev. Application for Guaranteed Issue Life Insurance**

We hereby certify that to the best of our knowledge and belief the above submission complies with the Arkansas Rule and Regulation 19.

Signature of Officer:  _____

Name (typed or printed): Kathleen Brownrigg

Title or business affiliation: Chief Executive Secretary

Date: July 22, 2008

Signature of Actuary :  _____

Name (typed or printed): John D. Ballard

Title or business affiliation: Consulting Actuary, Griffith, Ballard and Company

Date: July 22, 2008

STATE OF ARKANSAS

DEPARTMENT OF INSURANCE

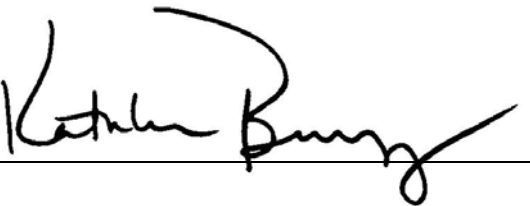
1200 West Third Street
Little Rock, AR 72201

CERTIFICATION

Readability Requirement

DEGREE OF HONOR PROTECTIVE ASSOCIATION hereby certifies that this filing complies with Ark. Stat. Ann. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act and achieves a Flesch reading ease test score as follows:

<u>Form #</u>	<u>Sentences</u>	<u>Words</u>	<u>Syllables/ Characters</u>	<u>Flesch Score</u>
APP GI-08 rev.	52	1,243	8,488	42.7



Signature

Kathleen Brownrigg

Name (Signed by Officer of Company)

Chief Executive Secretary

Title



Degree of Honor Protective Association

400 Robert Street N., Suite 1600
Saint Paul, Minnesota 55101-2029
1-800-947-5812 • (651) 228-7600 • FAX: (651) 224-7446
degreeofhonor.com

July 22, 2008

Re: DEGREE OF HONOR PROTECTIVE ASSOCIATION – NAIC #57088

APP GI-08 rev. Application for Guaranteed Issue Life Insurance

To Whom it May Concern:

I HEREBY CERTIFY that Griffith, Ballard and Company has supervised the development of the forms included in this submission, and that they are authorized to submit these forms on behalf of DEGREE OF HONOR PROTECTIVE ASSOCIATION.

Any questions regarding this submission should be directed to John D. Ballard of Griffith, Ballard and Company, as the individual responsible for this filing.

Kathleen Brownrigg
Chief Executive Secretary